

Form CJ-43B



**2019 CENSUS OF STATE AND FEDERAL ADULT
CORRECTIONAL FACILITIES
COMMUNITY-BASED CORRECTIONAL FACILITIES**

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

DATA SUPPLIED BY

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail
				<input type="text"/>

GENERAL INFORMATION

Please complete this questionnaire before **[DATE]** using one of the following methods:

Online: [Survey Web Link TBD]

Mail: RTI International, 2019 CCF, Attn: Christian Genesky
3040 Cornwallis Road, PO Box 12194, Research Triangle
Park, NC 27709-2194

Fax: 1-866-354-4993

If you have any questions, contact Christian Genesky of RTI
International at 1-866-354-4993
or bjs-prisoncensus@rti.org.

FACILITY INFORMATION

MERGED INFORMATION ON FACILITY

FACILITY ELIGIBILITY

The census includes all correctional facilities administered by state departments of corrections (DOC) or the Federal Bureau of Prisons (BOP) or operated under contract to hold inmates primarily for state correctional authorities or the BOP. These facilities are intended for adults but sometimes hold juveniles. For this data collection, each individual correctional facility or unit holding inmates under your jurisdiction is included, even if that facility shares budget or staff with other facilities.

The CJ-43B is intended to collect data on community-based correctional facilities administered by the state DOC or operated under contract to primarily house inmates for state correctional authorities or the BOP.

As you complete the survey, please provide a response to each question:

- If the answer to a question is **"none"** or **"zero"** → Write **"0"** in the space provided.
- If an exact numeric answer is **not available** → Provide an estimate and check the box labeled "Check if estimate."
- If an exact numeric answer is **not available** and you **cannot provide an estimate** → Write **"DK"** (don't know) in the space provided.
- If you **do not know** the answer to a question → Write **"DK"** (don't know) in the space provided.
- If the question **does not apply** to your agency or those you are reporting for → Write **"NA"** (not applicable) in the space provided.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 45 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

Section I — FACILITY CHARACTERISTICS

1. As of June 30, 2019, what were the functions of this facility? Mark (X) all that apply.

a. Facility functions

- General adult population confinement
- Alcohol/drug treatment confinement
- Reception/diagnosis/classification
- Medical treatment/hospitalization confinement
- Mental health/psychiatric confinement
- Community corrections/work release/prerelease
- Boot camp
- Primarily for persons returned to custody (e.g., parole violators)
- Primarily for confinement of youthful offenders
- Geriatric care
- Other — Specify:

b. Which facility function selected in question 2 applies to the largest number of inmates?
Mark (X) only ONE box.

- General adult population confinement
- Alcohol/drug treatment confinement
- Reception/diagnosis/classification
- Medical treatment/hospitalization confinement
- Mental health/psychiatric confinement
- Community corrections/work release/prerelease
- Boot camp
- Primarily for persons returned to custody (e.g., parole violators)
- Primarily for confinement of youthful offenders
- Geriatric care
- Other — Specify:

2. As of June 30, 2019, what percentage of the inmates in this facility were regularly permitted to leave the facility unaccompanied to work release, study release, rehabilitation? Mark (X) only ONE box.

- 50% or more
- Less than 50%
- None

STOP

Please review your answers to Question 1b and Question 2.

- If you did not respond "Community corrections/work release/prerelease" to Question 1b and answered "Less than 50%" or "None" to Question 2, **DO NOT** complete this form. Please contact RTI at 1-866-354-4993 or bjis-prisoncensus@rti.org to receive the appropriate form for this facility.
- Otherwise, please continue completing this form.

3. Is this facility administratively linked to any other facility? Facilities that share budgets or administrators are administratively linked.

Yes **—————>** a. What are the names of the facilities?

No **→** Go to question 4

4. As of June 30, 2019, who operated this facility? Mark (X) only ONE box.

- Federal authority
- State authority
- Local authority
- Joint state and local authority
- Private contractor

5. As of June 30, 2019, was this facility authorized to house — Mark (X) only ONE box.

- Males only
- Females only
- Both males and females

Section II — INMATE COUNTS

6. On June 30, 2019, what was the total number of inmates in this facility?

- INCLUDE all inmates temporarily absent from this facility (e.g., for court appearances, brief furloughs, and medical leave).
- EXCLUDE all inmates who were on escape or absent without leave (AWOL).

- a. Males Check if estimate
- b. Females Check if estimate
- c. TOTAL (Sum of questions 6a and 6b) Check if estimate

7. On June 30, 2019, how many inmates in this facility were —

- a. Males under age 18 Check if estimate
- b. Females under age 18 Check if estimate
- c. TOTAL (Sum of questions 7a and 7b) Check if estimate

8. On June 30, 2019, how many inmates in this facility were —

- a. White, not of Hispanic origin Check if estimate
- b. Black or African American, not of Hispanic origin Check if estimate
- c. Hispanic or Latino Check if estimate
- d. American Indian/Alaska Native, not of Hispanic origin Check if estimate
- e. Asian, not of Hispanic origin Check if estimate
- f. Native Hawaiian or Other Pacific Islander, not of Hispanic origin Check if estimate
- g. Two or more races, not of Hispanic origin Check if estimate
- h. Additional categories in your information system —
Specify: Check if estimate
- i. TOTAL (Sum of questions 8a to 8h should equal question 6c) Check if estimate

9. On June 30, 2019, how many inmates in this facility were —

- a. U.S. citizens Check if estimate
- b. Not U.S. citizens Check if estimate
- c. Of unknown citizenship status Check if estimate
- d. Total (Sum of questions 9a to 9h should equal question 6c) Check if estimate

10. On June 30, 2019, how many inmates in this facility were being held for —

- a. Federal authorities
Number of inmates Check if estimate

If zero, skip to question 10b.

If greater than zero: Of all the inmates held for federal authorities, how many were held for —

- 1. Federal Bureau of Prisons Check if estimate
- 2. U.S. Immigration and Customs Enforcement (I.C.E.) Check if estimate
- 3. U.S. Marshals Service Check if estimate
- 4. Bureau of Indian Affairs Check if estimate
- 5. Other — Specify: Check if estimate
- 6. TOTAL (Sum of questions 10a1 to 10a5 should equal question 10a) Check if estimate

b. State prison authorities

Number of inmates

Check if estimate

If zero, skip to question 10c.

If greater than zero: Of all the inmates held for state prison authorities, how many were held for —

1. Your state

Check if estimate

2. Some other state(s) — *Specify states below:*

Check if estimate

3. TOTAL (*Sum of questions 10b1 and 10b2 should equal question 10b*)

Check if estimate

c. Local authorities

Number of inmates

Check if estimate

d. Tribal authorities

Number of inmates

Check if estimate

e. TOTAL (*Sum of questions 10a to 10d should equal 6c*)

Number of inmates

Check if estimate

Section III — FACILITY OPERATIONS AND SECURITY

11. Between July 1, 2018, and June 30, 2019, how many inmates walked away while on work detail, medical appointment, court appearance, work release, or furlough and, as a consequence, were officially recorded as AWOL?

- *Walkaway prisoners* leave custodial supervision outside a secure institution while on detail, during transportation, medical visit, or court appearance and are recorded as AWOL. Inmates who return late from furlough or other temporary release should be counted as walkaways, not escapees.

Number of walkaways

Check if estimate

Section IV — FACILITY PROGRAMS

12. As of June 30, 2019, what types of counseling or special programs were available to inmates in this facility? Mark (X) all that apply.

- Drug dependency/counseling/awareness
- Alcohol dependency/counseling/awareness
- Psychological/psychiatric counseling
- HIV/AIDS counseling
- Sex offender counseling
- Anger management
- Employment (e.g., job seeking and interviewing skills)
- Life skills and community adjustment (including personal finance, conflict resolution, etc.)
- Parenting/child-rearing skills
- Canine training
- Victim services (provided to inmates who have been victims of crime prior to or during their incarceration)
- Other — *Specify:*
- None

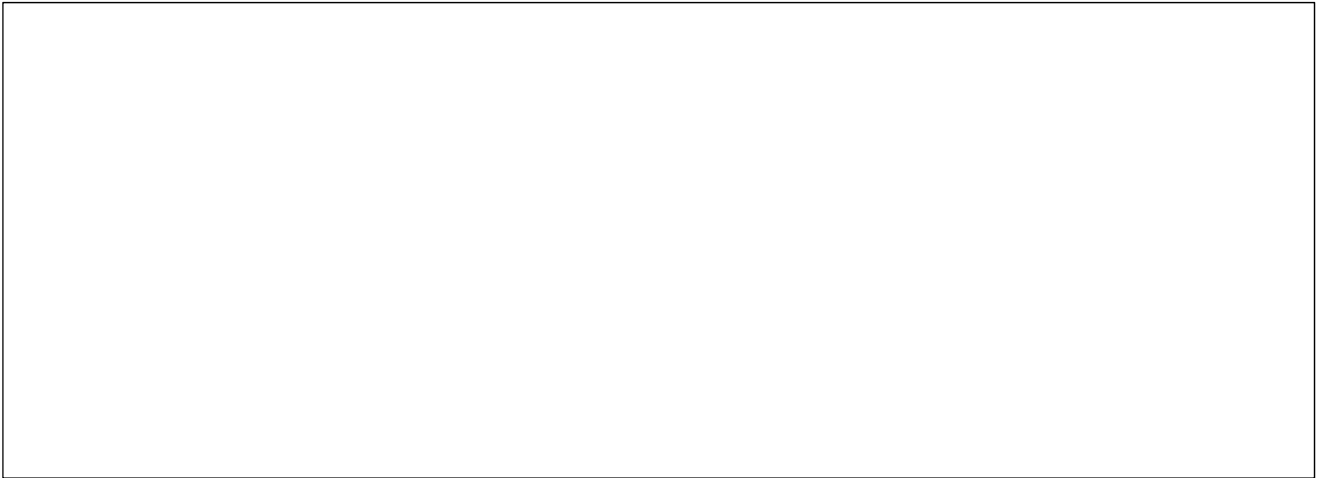
13. As of June 30, 2019, what types of educational programs were available to inmates in this facility?

- INCLUDE only formal programs.
- EXCLUDE unscheduled activities and informal programs.

Mark (X) all that apply.

- Literacy training or other lower adult basic education (ABE) — first- to fourth-grade level
- Upper basic adult education — fifth- to eighth-grade level
- Secondary education or High School Equivalency/GED
- Special education (e.g., programs for inmates with learning disabilities)
- English as a second language (ESL)
- Vocational training (e.g., auto repair, drafting, and data processing)
- College courses
- Study release programs (i.e., release to community to attend school)
- Other — *Specify:*
- None

Please use the following space to provide any comments to clarify any of your responses or describe any challenges you had in providing a response.

A large, empty rectangular box with a thin black border, intended for the user to provide comments or describe challenges. It occupies the upper half of the page below the instruction text.